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SPOILAGE PROBLEMS IN HOME PRESERVED FOODS

Under the auspices of the Home Demonstration Staff of the University of California Agricultural Extension Service, a Conference on Spoilage Problems in Home Preserved Foods was held at the University of California, Berkeley, November 13, 1943.

Professor Crocheron, Director of the Agricultural Extension Service, stated that "only a year ago the United States Government officially recognized that food was one of the determining factors in the winning of this war. For about seventy-five years we have not known what it was to have an inadequate supply of food in America. Ever since the opening of the middle west and the production of the enormous amounts of foodstuffs in that region, we have had an abundance or a superabundance of food in America. To be sure, it has not always reached the people, but production of food was not a determining factor in our National life. The Government has been exceedingly slow—slower than some of us deemed wise—in recognizing this important element in the war effort. But about a year ago food was made, with munitions and planes and ships, an urgency matter.

"In October, 1942, we called here a conference on Home Food Production—not only on the question of victory gardens, but also on home flocks of poultry and rabbits and a home dairy cow, etc. You may be interested to know that since that time the agencies with which we are associated have held 3,000 meetings on the subject of Home Food Production, and these have been attended by something over 150,000 people. The number of victory gardens in California has exceeded a million, and the production of food in those victory gardens we have estimated at 1,250,000 tons. A very high percentage of that production has been used. A very small percentage of it has gone to waste

despite one or two persons who have sounded off in the newspapers to the contrary. Our surveys, which have been extensive, and I think careful, have indicated that the percentage of usage of that home-produced food has been phenomenally high. The interest in this matter, of course, has been enormous. The Agricultural Extension Service of the University of California has distributed during that period of time of which I'm speaking in excess of a million and a half of leaflets printed to tell the people how to produce this home food.

"So it was natural that the next problem that should arise would be how the excess might be preserved. California is, of course, very fortunate in the fact that in most of this State we can produce some food outdoors in victory gardens the year around. California plants and harvests crops every month in the year. Therefore, we are not so completely dependent upon preserved foods as those who are in less fortunate climates."

In reporting on the results of the Home Food Preservation Program, Miss Mye of the Home Demonstration Staff said that:

"The results in terms of food home preserved using University of California directions are as follows: 30,460,000 quarts of fruits, vegetables, and meats were canned in glass or tin; 300,000 jars of fruit butters, jams, and marmalades were put up; 2,250,000 pounds of food were placed in freezing storage; 150,000 pounds brined or salted. This last method was not recommended until rather late in the season. The total represents 105-110 million pounds of fresh food conserved. It is probable that the amount of food canned or otherwise preserved in California in 1943 is approximately double the above figures.

"The pressure cookers used in California this year totaled approximately 125,000. Of these, approximately 10,700 were purchased in 1943. Ten thousand pressure cookers were tested for accuracy and safety. Most of the testing was done by professionally trained people, as an educational procedure. We have assumed that a woman learns much that is helpful to her by participating in the testing of her cooker for accuracy and safety. Obviously, home demonstration agents and other home economists can not continue to do this as a service. We are not in the business of service. We are in the business of education. Pressure cookers should be tested at least once a year. As the number of home-size pressure cookers increases, and as home canning increases, this problem of testing cookers becomes acute. It should be solved by having stores or individuals prepared to check cookers for a small service charge.

"The number of families reached this year by the food preservation educational program was 15 times the number reached a year ago.

"It has been a tremendous and effective program, possible only because all of us who are here today, and many others, have given almost all our time to this program during the past several months. What the program will be next year, we can not say at the moment. That it will be at least as important as this year, no one seems to question.

"A number of problems need immediate attention, before we get into the details of next year's program. One has to do with the directions which go to the public. Progress was made this year in California in getting educational and commercial organizations to print bulletins which gave the same information. Radio stations and newspapers have cooperated. However, the results have not been 100 per cent, and rightly the public is confused and somewhat irritated, according to reports which come to us. One difficulty is that National magazines and National commercial bulletins are prepared outside California. Those of us who live in California are in accord, I am sure, in believing that the directions should be the same, and we look to the University of California, with its various research departments in this field, for time tables, directions, and safe methods. It is none too early for us to plan on both the National and State level, to make further improvements on publications and on information we provide through other channels.

"We need certain information from the Federal Government. How much boiling water bath equipment will be available? Little could be purchased this year. Dr. Warren estimates that we should have available in California for purchase at least 40,000

water bath units, and that we shall need about 2,000 home size, commercially made dehydrators. Many people will make their own dehydrators, and for them are needed about 4,000 electrical units. We shall need about 15,000 additional pressure cookers. By February or March, at the latest, California should know what to count on in the supply and quality of jars, and when they will be available. Plans for distribution within the State should be improved. This year, pint jars were gone long before the supply of quart jars was exhausted. Improvement is needed in the metal disks provided for sealing jars. All manufacturers should use the same formula in making the lids, if at all possible. Waste due to differences in composition of the flowed-in material has been far more than we would like to record.

"More maximum thermometers are needed for use in testing pressure cookers, or a supply of other devices which may have been proved to be equally safe and practical for testing cookers. We need to know earlier than last year the Government's program on sugar distribution for home preservation.

"In spite of shortages and delay in getting equipment and supplies, in spite of the confusion in directions, and in spite of the fact that this was the first year for many women in attempting to preserve food at home, the program has been superbly carried out. I congratulate all of you upon your share in its success."

TYPHOID FEVER IN 1943

There were 167 cases of typhoid fever reported in California last year, none of which gave substantiating evidence of having been water-borne. Forty cases were traced to 14 proven carriers, nine carriers were responsible for one case each and one carrier caused three cases. Three carriers were the sources for two cases each. One carrier was responsible for an outbreak totaling 24 proven cases, 22 of which were recorded in 1943 and two in January, 1944. This group of 24 cases was in Indians who attended two supper dances where the carrier served food.

The second largest group of cases reported last year was in a State institution where seven cases were reported. There were five cases in one family with four secondary to the first case. Eleven cases were diagnosed in California but the patients were either ill when they arrived here from other States or countries, or they were taken ill within four days after their arrival. Two other patients contracted their infection while traveling through more than one county during the incubation period of the disease. It was, therefore, impossible to allocate these 13 cases to any single locality of California.

One group of three cases of typhoid occurred among employees of a slaughterhouse, but the source could not be determined. There were six groups of two cases each, three groups of two cases, each due to a carrier, two groups of two cases, each with source undetermined, one group of two cases, with the second case secondary to the first.

Out of the total of 167 cases recorded, there were only seven known secondary cases.

There were 28 typhoid carriers recorded in California last year, seven of which were transfers from other States. Two carriers were reported previously as cases but in 1943 they were determined to be carriers. Four carriers were revealed in individuals who were hospitalized for other reasons but who, upon examination, were found to be carriers. Fourteen carriers were the sources of typhoid fever cases reported in 1943 and one carrier was the source of a case in 1940 which was recorded in 1943. No carriers were revealed in the course of food handlers' examinations.

Cases of typhoid fever and deaths from this cause reported in California for the past 10 years are as follows:

Year	Cases	Case Rate	Deaths	Death Rate
1929	613	11.1	93	1.7
1930	744	13.0	98	1.7
1931	711	12.2	97	1.7
1932	529	8.9	77	1.3
1933	732	12.0	88	1.5
1934	626	10.4	80	1.3
1935	534	8.4	75	1.2
1936	596	9.2	68	1.1
1937	502	7.6	57	0.87
1938	473	7.1	56	0.84
1939	378	5.5	38	0.56
1940	304	4.4	36	0.52
1941	235	3.3	30	0.42
1942	150	2.0	15	0.20
1943	167			

LOS ANGELES WANTS PUBLIC HEALTH NURSES

Permanent civil service positions for public health nurses are now available in the county health department. Applicants for these \$170 to \$196 a month positions must be under 55 years of age and must have graduated from an accredited school of nursing. Applicants also must have completed an approved university curriculum in public health nursing or must have completed the twelfth grade and six units of an approved university curriculum in public health nursing and have two years' generalized public health nurse experience in a recognized agency. Applications will be accepted from candidates who will complete their university courses by July 1, 1944.

Candidates must be registered nurses in California and must possess a State public health nurse certificate.

Successful candidates who meet the State requirements for public health nurses' certificate and have filed for such certificate may, pending certification, be appointed for a period not to exceed six months. Candidates must submit with their applications the names of two persons qualified to evaluate their training and experience and also their unmounted photograph taken within two years.

Applications and full information may be obtained from the office of the Commission, 102 Hall of Records, Los Angeles 12, California. Applications must be filed on or before Wednesday, March 29, 1944.

DELAYED BIRTH REGISTRATION

The 1943 Legislature provided for the registration of previously unregistered births by adding Section 10615-10620 to the Health and Safety Code. Briefly summarized, these sections provide that the application for delayed registration must be accompanied by:

1. An affidavit of the physician, midwife, or other person who attended at the birth, or
2. The affidavits of both natural parents, if both are living and available and the person is under 21 years of age.
3. If one parent is dead or unavailable or the person is over 21 years of age, the affidavit of any other person who knows the facts may be accepted. If neither parent is living or available, the affidavits of two other persons having knowledge of the facts and who at the time of birth were of sufficient age to have recollection of it, may be accepted.

Under these three provisions, at least one piece of documentary evidence, showing both place and date of birth, must be presented, except that if the person is under five years of age the affidavit by the attendant or one parent is sufficient. If none of the affidavits mentioned under these three provisions can be secured, at least two documents must be presented which show that the facts in the records were made more than five years before the date of application.

An analysis of the first 5,000 applications received shows that 4,448 (88.96 per cent) were submitted with affidavits and 552 without affidavits, which indicates that in 11.4 per cent of the applications received, neither parents nor friends nor relatives were available to execute the affidavits. Satisfactory documentary evidence was submitted with 2,225 applications and 828 applications were returned for correction. No documentary evidence whatsoever was submitted for 866 applications and 949 applications were received with unsatisfactory documentary evidence. Less than half of these applications were submitted correctly.

More than half had to be returned for correction or for the provision of satisfactory documentary evidence.

The law provides that documentary evidence may consist of original or certified copies of hospital records, baptismal certificates or other church records, school records, census records, insurance policies, or statements in applications for insurance policies, Army, Navy or Marine discharges, naturalization certificates of foreign-born parents showing registrant's name and age, voting registration records, family Bible records, birth certificates of registered child, marriage certificates, newspaper notices of birth if sufficiently complete to establish birth. If such documents are not available or are incomplete the registrar may accept other documents which establish the facts.

With the 5,000 applications for certificates covered by this report, 6,400 pieces of documentary evidence accompanied the applications. These documents consisted of the following:

Certificates of baptism	1,280
School records	923
Marriage certificates	758
Insurance policies or applications	669
Children's birth certificates	556
Bible records	413
Affidavits submitted on separate forms	377
Census records	198
Records or statements from attending physicians (including hospital records)	178
Voting records	171
Lodge records	87
Newspaper notices	76
Discharge papers	73
Employment records or Social Security applications	66
Miscellaneous items (including passports, motor vehicle operator's licenses, bank records, baby books, etc.)	378

It is interesting to note that one-fifth of all documentary evidence presented consisted of certificates of baptism, one-seventh consisted of school records and one-seventh were marriage certificates. More than half of all documentary evidence submitted consisted of certificates of baptism, school records, marriage certificates, and insurance policies or applications. There were 556 children's birth certificates submitted which, together with marriage certificates, shows that no less than 1,314 established records in the Bureau of Vital Statistics, more than 50 per cent of the total number of pieces of documentary evidence, were used for delayed registration purposes. It would appear from the record that the documentary evidence as outlined in Section 10616 (d) of the Health and Safety Code is logical and may be considered satisfactory in the provision of evidence to secure delayed registration.

The lesson which wars and depressions have taught is that if we want peace, prosperity and happiness at home we must help establish them abroad.—Hugo L. Black.

CAUSES OF REJECTION AND INCIDENCE OF DEFECTS

LOCAL BOARD EXAMINATIONS OF SELECTIVE SERVICE REGISTRANTS IN PEACETIME

AN ANALYSIS OF REPORTS OF PHYSICAL EXAMINATION FROM 21 SELECTED STATES

During the period, November, 1940, through September, 1941, approximately 3,000,000 registrants were examined at local boards.¹ A typical group of 1,000 registrants examined at local boards would be classified as follows:

438, or 43.8 per cent, would be rejected at local board examinations.

90, or 16.0 per cent of the remaining 562, would be rejected at induction stations.

Thus, of the original 1,000 registrants examined, 528 registrants would be rejected, representing a combined rejection rate of 52.8 per cent.²

Rejection rates increased steadily with age. For example, 41.6 per cent of the 22-year-old registrants were rejected, either at local boards or induction stations, while 80.3 per cent of the 36-year-old registrants were rejected.

Tooth defects were the leading cause of rejection, accounting for 16.5 per cent of all rejections at local boards and induction stations. Other causes of rejection, and the percentages they constitute of all rejections are: eye defects, 11.7 per cent; mental and nervous defects, 10.4 per cent; cardiovascular defects, 10.0 per cent; musculoskeletal defects, 8.9 per cent; hernia, 5.9 per cent; venereal diseases, 5.9 per cent; ear, nose, and throat defects, 5.5 per cent; tuberculosis and other lung diseases, 3.8 per cent; educational deficiency, 3.8 per cent; defects of the feet, 3.0 per cent; underweight, 2.9 per cent; other causes, 11.7 per cent.

Negro registrants had higher rejection rates than white registrants at local boards and induction stations, 59.4 per 100 examined as compared with 51.9 per 100. Most of the difference in rejection rates was due to the higher rates of rejection for syphilis and for educational deficiency among Negroes, as Negroes had lower rates of incidence than whites for most other defects.

The average white registrant was 26.0 years old, was 68.5 inches tall, weighed 152.2 pounds, had a chest girth of 37.2 inches at inspiration and 34.3 inches at expiration, and had a waist girth of 30.8 inches.

The average Negro registrant was also 26.0 years old; he was 68.1 inches tall, weighed 150.8 pounds, had a

¹ Based on tabulations of data from 21 representative States, representing local board physical examination of 121,700 registrants. These States are: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Minnesota, Montana, Oklahoma, Oregon, Pennsylvania, Utah, and Wisconsin.

² Rejection rates and other data pertain to the period November, 1940, through September, 1941. Subsequently, changes were made in examining procedures and in physical standards which influenced rejection rates appreciably.

chest girth of 36.1 inches at inspiration and of 33.6 inches at expiration, and had a waist girth of 30.0 inches.

CAUSES OF REJECTION

Table 3 presents, in summary fashion, the principal causes of rejection at local boards and induction stations. In it broad groups of defects are arrayed in order of their importance as cause of rejection, tooth defects leading the list, followed by eye defects, mental and nervous disorders, and cardiovascular conditions. These four causes account for almost half of the rejections during the period under study. Following these in order of importance as causes of rejection come musculoskeletal defects, hernia, venereal disease, ear, nose and throat defects, tuberculosis and other lung diseases, educational deficiency, foot defects, and underweight.

Induction station examinations were made to a large extent by specialists, and conditions that present unusual diagnostic difficulty, such as mental and nervous disorders and tuberculosis, are relatively more important as causes of rejection at induction stations than at local boards.

Numerous cases of venereal disease appear to have been contracted in the interval between local board physical examination and induction station examination. This is reflected in the induction station rejection rate for venereal disease.

LOCAL BOARD AND INDUCTION STATION REJECTION RATES PER 100 REGISTRANTS PHYSICALLY EXAMINED, BY PRINCIPAL CAUSE OF REJECTION NOVEMBER, 1940, THROUGH SEPTEMBER, 1941¹

Principal Cause of Rejection	Local Board ²	Induction Station ³	Combined Local Board and Induction Station	Per Cent of All Rejection at Local Board and Induction Station
All causes	43.8	16.0	52.8	100.0
Teeth	7.8	1.7	8.8	16.5
Eyes	5.3	1.6	6.2	11.7
Mental and nervous	3.7	3.2	5.5	10.4
Cardiovascular	4.4	1.6	5.3	10.0
Musculoskeletal	4.1	1.1	4.7	8.9
Hernia	2.6	0.8	3.0	5.9
Venereal disease	2.7	0.7	3.1	5.9
Ear, nose, and throat	2.3	1.1	2.9	5.5
Tuberculosis, lung diseases	1.3	1.2	2.0	3.8
Educational deficiency	1.9	0.1	2.0	3.8
Feet	1.4	0.4	1.6	3.0
Underweight	1.4	0.2	1.5	2.9
Other	4.9	2.3	6.2	11.7

¹ Induction station rejection rate based on tabulations released by the Office of the Surgeon General, War Department.

² Based on 10 per cent sample of Reports of Physical Examination through September 30, 1941, for 21 selected States.

³ Rate for all causes based on Accumulative Progress Report of Classification and Induction through September 30, 1941. Rates for each cause based on report of rejections at induction stations for the period March, 1941, through December, 1941, as reported by the Office of the Surgeon General, War Department, and pro-rated to sum to a total rejection rate of 16 per cent.

CAUSES OF REJECTION AT LOCAL BOARDS

Teeth. Dental defects (missing teeth, dental caries, malocclusion, and allied conditions) were the leading causes of rejection at local boards and accounted for

17.7 per cent of all local board rejections from November, 1940, through September, 1941. The rejection rate was more than three times as high for white registrants (84.1 per 1,000 examined) as for Negro registrants (26.8 per 1,000 examined). In both racial groups the majority of rejections for dental defects were due to failure to meet the following standards: "A minimum of three serviceable natural masticating teeth above and three below opposing and three serviceable natural incisors above and three below opposing. (Therefore, the minimum requirements consist of a total of six masticating teeth and of six incisor teeth.) All of these teeth must be so opposed as to serve the purpose of incision and mastication."

Eyes. Defective or insufficient vision, refractive errors, and, less frequently, eye diseases or injuries were recorded as principal cause of rejection in 12.2 per cent of all rejections. Again, the rejection rate was higher among white registrants, 56.9 per 1,000 white registrants examined compared with 26.0 per 1,000 Negroes examined. The standards for general military service then in force defined the lower limits of vision acceptable to the Army as "20/100 in each eye without glasses, if correctable with glasses to 20/40 bilateral."

Cardiovascular. Defects of the heart and vessels were responsible for 10.0 per cent of all rejections. The rates of rejection of whites and Negroes were 44.1 and 39.6 per 1,000 examined, respectively. Specific causes of rejection were much the same.

Musculoskeletal. Defects of the bones, muscles, and joints were the basis of 8.9 per cent of all rejections. Rejections for musculoskeletal defects amounted to 42.2 per 1,000 white registrants examined and 28.5 per 1,000 for Negro registrants. The disabling defect was usually described as the result of injury. The knee appeared to be the most vulnerable part of the body in this respect, injuries to leg (which may also include some knee injuries) were next in importance, and injuries to spine, foot, arm, and elbow followed in decreasing order of frequency.

Hernia. Rejections because of hernia amounted to 5.9 per cent of all rejections. The rate for white registrants, 26.8 per 1,000 examined, was not much higher than the rate for Negroes, 23.0 per 1,000 examined. Inguinal hernias were most numerous. In about two rejections per 1,000 the wording of the physician's entry was such as to suggest that relaxed inguinal rings rather than a true hernia was involved. Umbilical hernias were more frequently reported for Negroes than for whites.

Syphilis. Syphilis accounted for 5.3 per cent of all local board rejections. It was the leading cause of

rejection among Negroes, with a rate of 142.3 rejections per 1,000 Negroes examined, and the fourteenth in order of importance among white registrants, with a rate of 7.5 per 1,000 examined. Men with syphilis who were rejected for other reasons (eye defects, for example) would not be included in the foregoing.

Educational deficiency. Failure to meet literacy standards represented 4.2 per cent of all rejections during this time period. It was the second most important cause of rejection among Negroes and the tenth in order of importance among whites. Between November, 1940, and May 15, 1941, regulations stated that registrants were acceptable who "appear to have normal understanding, whose speech can be understood, who have no definite signs of organic disease of the brain, spinal cord, or peripheral nerves, and who are otherwise mentally and physically fit." During this period illiteracy was mentioned in the records of 3.6 registrants per 1,000 examined.

On May 15, 1941, the standards were raised to require that a registrant should be able to "read and write the English language as well as a student who has completed four years in an American grammar school." The latter standards were continued in force until August 1, 1942.

Neurological. Organic defects of the brain or spinal cord resulting from disease, injury, or arrested development were listed as sole or principal defect in 3.8 per cent of all rejected registrants. The rejection rate for whites was 17.7 per 1,000 and for Negroes was 7.3 per 1,000 examined. Among whites, the after-effects of infantile paralysis were the most frequently diagnosed neurological defect, followed by epilepsy, paralysis (other than infantile paralysis), deaf mutism, and cerebral symptoms described as the after-effects of head injury. Among Negroes none of these conditions was reported frequently; epilepsy, the after-effects of infantile paralysis, and deaf mutism were mentioned more frequently than other neurological disorders.

Ears. Among ear defects, which constituted 3.5 per cent of all rejections, otitis media and perforated ear drum were most commonly specified as causes of rejection among white registrants, with defective hearing also a frequently mentioned cause. Among Negroes, on the other hand, only a few registrants were rejected because of otitis media or perforated ear drum, and defective hearing was given as the reason for rejection of most of the nonacceptable registrants.

Feet. Foot defects, which disqualified 3.1 per cent of the rejected registrants, were ninth in order of importance for Negro registrants and eighth in order of importance for whites. Flat foot was almost the only foot defect mentioned as cause of rejection. Reg-

istrants with flat feet were more often accepted than rejected. Thus, flat feet were noted as present in 148 white registrants per 1,000 examined but they were the cause of rejection in only 14 white registrants per 1,000 examined. The longitudinal arch of the Negro foot is not as high as the arch in the feet of Caucasian races, and when a record of flat foot was made for a Negro registrant it was frequently accompanied by the notation "racial," or "physiological." It was the cause of rejection of 10 per 1,000 Negroes examined. The only other foot defect important as a cause of rejection was club foot, which occurred relatively more frequently among whites than among Negroes.

The ten causes of rejection just discussed accounted for 74.6 per cent of all rejections during this period.

LOCAL BOARD REJECTION RATES, BY CAUSE AND BY RACE, NOVEMBER, 1940, THROUGH SEPTEMBER, 1941

Rejections Per 1,000 Registrants Examined

Principal cause of rejection	White and negro			White ¹			Negro		
	All rejections	Disqualified	Limited service	All rejections	Disqualified	Limited service	All rejections	Disqualified	Limited service
All defects	437.7	231.9	215.8	433.2	221.9	211.3	472.0	222.1	249.0
Eyes	53.3	15.9	37.4	56.0	16.8	40.1	26.0	9.2	16.3
Ears	15.3	11.2	4.1	16.8	12.3	4.5	3.6	2.4	1.2
Teeth	77.5	25.0	52.5	84.1	27.2	56.9	26.8	8.4	18.4
Mouth and gums	4.2	2.1	2.1	4.2	2.1	2.1	4.3	1.9	2.4
Nose	6.0	1.6	4.4	6.7	1.8	4.9	.8	.2	.6
Throat	1.4	.4	1.0	1.4	.4	1.0	1.4	.3	1.1
Lungs	5.4	3.1	2.3	5.7	3.3	2.4	3.0	1.6	1.4
Tuberculosis	7.4	6.9	.5	7.8	7.3	.5	3.8	3.6	2
Cardiovascular	43.6	36.7	6.9	44.1	37.2	6.9	39.6	32.7	20.9
Blood and blood-forming	.4	.3	.1	.4	.3	.1	.1	.1	0
Hernia	26.4	5.9	20.5	26.8	6.0	20.8	23.0	4.5	18.5
Kidney and urinary	4.5	3.1	1.4	4.7	3.3	1.4	3.6	2.0	1.6
Abdominal viscera	4.7	3.1	1.6	5.2	3.5	1.7	.9	.3	.6
Genitalia	6.7	1.4	5.3	6.4	1.4	5.0	0.6	1.9	7.7
Syphilis	23.1	3.8	19.3	7.5	2.0	5.5	142.3	17.7	124.6
Gonorrhoea and other venereal	3.9	.6	3.3	1.7	.4	1.3	21.1	2.4	18.7
Skin	2.7	1.1	1.6	2.8	1.2	1.6	.2	.6	.4
Hemorrhoids	2.3	.7	1.6	2.3	.7	1.6	2.4	.8	1.6
Varicose veins	4.8	2.7	2.1	5.0	2.8	2.2	3.7	2.1	1.6
Educational deficiency	18.6	18.4	.2	10.4	10.3	.1	81.5	81.1	.4
Mental deficiency	9.7	9.1	.6	10.0	9.4	.6	7.7	7.1	.6
Mental disease	10.7	8.7	2.0	11.6	9.4	2.2	3.7	3.0	.7
Neurological	16.5	14.8	1.7	17.7	15.9	1.8	7.3	6.4	.9
Musculoskeletal	40.6	24.1	16.5	42.2	24.5	17.7	28.5	20.8	7.7
Feet	13.7	4.5	9.2	14.2	4.6	9.6	9.8	3.1	6.7
Endocrine	6.0	4.9	1.1	6.5	5.3	1.2	1.8	1.6	.2
Neoplasms	1.7	.8	.9	1.9	.9	1.0	.9	.4	.5
Infectious and parasitic	.1	*	.1	.1	*	.1	0	0	0
Underweight, over-weight, and other	26.1	10.7	15.4	27.8	11.3	16.5	12.4	5.7	6.7
Non-medical reasons	.4	.3	.1	.3	.3	*	.4	.2	.2
Number rejected	53,265	27,005	26,260	46,616	23,876	22,740	6,649	3,129	3,520

¹ Includes all races other than negro.

* Less than 0.1 per 1,000 examined.

INCIDENCE OF ALL RECORDED DEFECTS

The preceding data showing cases of rejection have shown only one disease or defect per man. This does not mean that the defect listed in the table was the only impairment the rejected man had, but it does mean that the examining physician, when called upon

to summarize defects in order of importance, put the specified defect at the head of the list. An average of 1.58 defects were recorded on each examination form. No distinction between disqualifying and nondisqualifying defects was made. Every defect recorded on Form 200 was coded and tabulated, subject only to the limitation that within each of the 28 broad groups of defects (for example, eyes, ears, teeth, etc.) only one defect was tabulated for any one man. Beyond that there was no limitation on the number of defects recorded.

Several broad groups of defects which did not appear among the 10 leading causes of rejection in Figure 4 are among the 10 most frequently recorded defects; namely, defects of the feet, skin, nose, and throat. The 10 groups of defects most frequently recorded at local board examination follow:

White	Negro
Teeth	Feet
Feet	Syphilis
Eyes	Mouth and gums
Musculoskeletal	Teeth
Skin	Genitalia
Nose	Educational deficiency
Cardiovascular	Throat
Hernia	Musculoskeletal
Mouth and gums	Cardiovascular
Throat	Eyes

WHO MAY GET FREE COPIES OF VITAL RECORDS

Local registrars as well as the State Registrar in California receive frequent requests for free certified copies of birth, death and marriage records.

Section 10630 of the Health and Safety Code states that "The United States Census Bureau or the United States Veterans Bureau may obtain, without expense to the State, transcripts of births and deaths without payment of fees."

There are no other sections of this code, however, that provide for the issuance of free certified copies or for a free search of the files and records when no certified copy is made.

Until such time as this code may be amended, all registrars are obliged to obtain the legal fee of \$1 for each search, which would include a certified copy of the record if found. The new Government Code, however, places a heavy responsibility upon local registrars relative to the acceptance of fees if the certified copy is for pension, allotment, allowance, compensation, insurance, or that in any other manner might apply to the World War Veterans Act of 1924 or any other acts of Congress for service in the Army, Navy or Marine Corps. No fee under any circumstances should be accepted if the certificate is to be used for any of these purposes.

Section 6107 of the Government Code reads, in part, as follows:

"Neither the State nor any county, or city, nor any public officer or body acting in his official capacity on behalf of the State, any county, or city, including notaries public, shall demand or receive any fee or compensation for:

"* * * (d) Furnishing a certified copy of the public record of marriage, death, birth or divorce, deed of trust, mortgage, or property assessment, or making the search for them, when they are to be used in a claim for pension, or a claim for allotment, allowance, compensation, insurance, automatic insurance, or otherwise under the World War Veterans' Act of 1924 or under any other act of Congress for service in the Army, Navy, or Marine Corps."

The wording of the above is explicit and under no circumstances should a fee be obtained for certified copies of the records enumerated in the above section if used for the purposes cited.

Verification of birth records is permitted under Section 10629 of the Health and Safety Code which states that the local registrar shall, upon request, have any parents or guardian supply, without fee, a certificate limited to a statement as to the date of birth of any child when it is necessary for admission to school or for the purpose of securing employment. This section, however, does not require the issuance of a certified copy of the record.

RELIEF FOR COMMUNITIES WITHOUT MEDICAL SERVICES

Congress, with approval of the President, has appropriated to the United States Public Health Service \$200,000 to be used during the fiscal year ending June 30, 1944, for the relocation of private practicing physicians and dentists.

This act provides in part "that the Surgeon General is authorized on application of a municipality, county, or other local subdivision of government duly approved by the State Health Department having jurisdiction over said municipality, county, or other local subdivision of government to enter into agreements with private practicing physicians and dentists under which, in consideration of the payment to them of a relocation allowance of not to exceed \$250 per month for three months and the actual cost of travel and transportation of the physician or dentist and his family and household effects to the new location, such physician or dentist will agree to move to and engage in the practice of his profession in such area for a period of not less than one year; provided, however, that no such contract shall be made with any physician or dentist unless such physician or dentist shall be admitted to practice by the

State authority having jurisdiction of such new location; provided, further, that each such applicant subdivision shall contribute 25 per centum to the total cost of such relocation allowance, travel, and transportation costs of each such physician or dentist and his family obtained by said applicant.

It is to be noted that this act provides:

"1. That a municipality, county, or other local subdivision of government may submit an application to the Surgeon General for the relocation of a private practicing physician or dentist in the applicant subdivision.

"2. That such application must be duly approved by the State Health Department having jurisdiction over said municipality, county, or other local subdivision of government.

"3. That the Surgeon General on receiving such application is authorized to enter into an agreement with a private practicing physician or dentist under which, in consideration of a relocation allowance of not to exceed \$250 per month for three months and the actual cost of travel and transportation of the physician or dentists and his family and household effects to the new location, such physician or dentist agrees to move to and engage in the practice of his profession in the applicant subdivision for a period of not less than one year.

"4. That no such contract shall be made with any physician or dentist unless such physician or dentist shall be admitted to practice by the State authority having jurisdiction of such new location.

"5. That each such applicant subdivision shall contribute 25 per centum to the total cost of such relocation allowance, travel, and transportation costs of each such physician or dentist and his family obtained by such applicant."

Under this law the State Health Officer must approve the application from any community made under this act and the State Procurement and Assignment Chairman has the responsibility of determining which physicians or dentists are available for relocation. There are several communities of California that have represented their needs because of medical and dental services that are lacking. The enactment of this law by Congress provides partial relief through underwriting the traveling expenses and other costs incidental to the relocation of physicians and dentists.

MORBIDITY REPORT—JANUARY, 1944

Reportable diseases	Week ending				Total cases	5-yr. median
	1-8	1-5	1-22	1-29		
	Janu-	ary		Janu-	ary	
Amebiasis (Amoebic Dysentery).....	1	5	1	—	7	
Anthrax.....	—	3	—	—	3	
Botulism.....	4	7	6	15	32	
Chancroid.....	893	938	787	917	3,540	3,706
Cholera, Asiatic.....	—	—	—	—	—	
Coccidioidal granuloma.....	—	1	—	2	3	
Conjunctivitis—acute, infectious of the newborn (Ophthalmia Neonatorum).....	1	1	1	—	3	
Dengue.....	—	—	—	—	—	
Diphtheria.....	17	39	30	45	131	107
Dysentery, bacillary.....	12	11	4	4	31	
Encephalitis, infectious.....	3	1	—	—	4	
Epidemic diarrhea of the newborn.....	25	30	24	16	95	
Food poisoning.....	5	3	9	92	109	
German measles (Rubella).....	89	152	143	202	588	
Glanders.....	—	—	—	—	—	
Gonococcus infection.....	266	355	368	400	1,386	1,213
Granuloma inguinale.....	—	—	2	—	2	
Influenza, epidemic.....	3,779	2,930	1,629	704	9,042	461
Measles, infectious.....	0	4	2	8	20	
Leprosy.....	—	—	—	—	—	
Lymphogranuloma venereum (Lymphphathia venereum, lymphogranuloma inguinale).....	7	8	8	5	28	
Measles.....	1	2	1	1	5	4
Measles (Rubella).....	250	297	334	409	1,290	1,328
Meningitis, meningococcic.....	38	45	33	25	139	16
Mumps (Parotitis).....	655	766	708	648	2,777	2,219
Paratyphoid fever, A and B.....	—	1	—	—	1	
Plague.....	—	—	—	—	—	
Pneumonia, infectious.....	275	191	118	101	635	448
Poliomyelitis, acute anterior.....	7	1	3	10	21	9
Pottacoccosis.....	—	—	—	—	—	
Rabies, human.....	—	—	—	—	—	
Rabies, animal.....	16	13	21	11	61	45
Relapsing fever.....	—	—	—	—	—	
Rheumatic fever.....	5	3	2	16	26	
Rocky Mountain spotted fever.....	—	—	—	—	—	
Scarlet fever.....	180	192	231	284	887	747
Septic sore throat, epidemic.....	—	—	—	—	—	
Smallpox (variola).....	0	—	—	—	8	4
Syphilis.....	447	485	664	614	2,210	1,909
Tetanus.....	1	1	—	—	2	
Trachoma.....	—	11	1	1	16	
Trichinosis.....	1	—	4	1	6	
Tuberculosis, pulmonary.....	115	141	167	133	556	529
Tuberculosis, other forms.....	5	6	15	13	39	33
Tularemia.....	—	—	—	1	1	
Typhoid fever.....	3	2	2	7	14	
Typhus fever.....	—	1	—	—	1	
Undulant fever (Brucellosis).....	4	2	7	6	19	19
Whooping cough (Pertussis).....	56	66	62	87	271	266
Yellow fever.....	—	—	—	—	—	
					24,053	

In a moment of cruel race antipathy and incredible brutality among civilized people, I seem to see the rising figure of the brotherhood of man. I seem to see that love is stronger than hate, strong as that dark passion may be, and that love will create more than hate destroys. In a moment of widespread treason to reason, I seem to see the inexorable and inevitable triumph of intelligence over ignorance and error. In a moment of values often measured by the standards of a pecuniary order, I seem to see a rising scale of human values rather than riches in a régime of social justice.—Charles E. Merriam.

Woe to those who in this terrible moment do not reach full awareness of their responsibility for the fate of the peoples, who feed hatred and conflicts among them, who build their power upon injustice, who oppress and torment the unarmed and the innocent. You will see that the wrath of God will be with them till the end.—Pope Pius XII.



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